

Georgia Athletic and Entertainment Commission Room 802 West Tower #2 Martin Luther King Jr. Drive Atlanta GA 30334 Phone 470-312-2702 Fax 470-312-2612

Application for Event Permit

THIS FORM MUST BE FILED WITH THE GEORGIA ATHLETIC AND ENTERTAINMENT COMMISSION $\underline{\bf 30~DAYS}$ PRIOR TO THE DATE OF THE EVENT

Name of Promoter- if you a application packet must accomp		romoter in Georgia then a	Promoter's
NAME OF EVENT:			
Date of Event:	Time of Event:	City/State	
Type of Event:Boxing	Professional MMA	Amateur MMA	_ Kickboxing
Date of Weigh in:	Time of Weigh in:	Address:	
To be	completed by the Promo	oter of the Event	
Matchmaker (as licensed)			
Name of Sanctioning Orga	nization for event, if appli	cable:	
Proposed location for Prog	gram of Matches:		
Name of Facility:			
Address of Facility:		State	Zip

Facility Telephone:		
Facility Contact Person:	Phone:	Email:
Ambulance Service:		
Will any match in this event be broadcast? Yes	No	
Will the event be broadcast by pay per view?	Yes	No
Anticipated Revenue Source (ticket sales, broadca	st, etc.):	
Is there any person or business entity, other than the receive revenues or other compensation from the sconjunction with the promotion of the event of maccontractual agreements) YESNO	sale of tickets	or broadcast rights in
If YES please provide the following information f space provided below or you may attach an addition	-	•
Name Telephone	Number	
I attest that the information provided herein, in thi and accurate to the best of my knowledge. I under payment of all taxes and fees due the commission the prescribed time frames.	rstand that I ar	n responsible for the
Signature		Date